

**DOMESTIC
LIMITED LIABILITY PARTNERSHIP**

STATE OF MAINE

**NOTICE OF RESIGNATION
OF REGISTERED AGENT**

(Name of Limited Liability Partnership)

- ☐ Names and addresses of additional limited liability partnerships are attached hereto as Exhibit ____, and made a part hereof.

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to [31 MRSA §807.5](#), the undersigned has resigned as the registered agent of the limited liability partnership(s) named herein and gives notice of the following:

FIRST: The name of its successor registered agent, an individual Maine resident or a corporation, foreign or domestic, authorized to do business or carry on activities in Maine, and the address of the new registered office shall be (if none, so indicate)

(name)

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

A statement of approval, executed by each affected limited liability partnership and signed by a partner is attached.

SECOND: When the registered agent **does not** appoint a successor, an affidavit **must be** attached, signed by the registered agent and setting forth the following information:

- (a) The date on which the notice of resignation was sent by certified or registered mail to a partner of each registered limited liability partnership from which the registered agent is resigning as registered agent; and
- (b) The name, capacity and address of a partner for each registered limited liability partnership to which the notice of resignation was sent.

This resignation becomes effective upon filing this certificate with the Secretary of State.

Registered Agent*

DATED _____

(signature)

(type or print name)

For Registered Agent which is a Corporation

Name of Corporation _____

By _____
(authorized signature)

(type or print name and capacity)

The following shall be completed by the successor registered agent **unless** this document is accompanied by Form [MLLP-18 \(31 MRSA §807.2\)](#).

The undersigned hereby accepts the appointment as registered agent for the above named limited liability partnership(s).

Registered Agent

DATED _____

(signature)

(type or print name)

For Registered Agent which is a Corporation

Name of Corporation _____

By _____
(authorized signature)

(type or print name and capacity)

*Certificate **MUST** be signed by the **registered agent**.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**